

Case 2:13-cv-00193 Document 512 Filed in TXSD on 08/28/2014 Page 1 of 2 AO 435 (Rev. 04/11) Administrative Office of the United States Courts		FOR COURT USE ONLY DUE DATE:	
TRANSCRIPT ORDER			
<i>Please Read Instructions:</i>			
1. NAME John B. Scott		2. PHONE NUMBER (512) 475-4163	
4. MAILING ADDRESS Office of the Attorney General, P.O. Box 12548		3. DATE 8/28/2014	
5. CITY Austin		6. STATE TX	
7. ZIP CODE 78711			
8. CASE NUMBER 2:13CV193 (NGR)		9. JUDGE Nelya Gonzales Ramos	
DATES OF PROCEEDINGS			
10. FROM 8/28/2014		11. TO 8/28/2014	
LOCATION OF PROCEEDINGS			
12. CASE NAME Veasey v. Perry		13. CITY Corpus Christi	
		14. STATE Texas	
15. ORDER FOR			
<input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> NON-APPEAL <input checked="" type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> OTHER			
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)			
PORTIONS		DATE(S)	
<input type="checkbox"/> VOIR DIRE		<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)			
<input type="checkbox"/> OPENING STATEMENT (Defendant)			
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)		<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)			
<input type="checkbox"/> OPINION OF COURT			
<input type="checkbox"/> JURY INSTRUCTIONS		<input checked="" type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING		Pre-Trial Conference	
<input type="checkbox"/> BAIL HEARING		August 27, 2014	
17. ORDER			
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES
DAILY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>	
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).			ESTIMATE TOTAL
18. SIGNATURE /s/ John B. Scott			0.00
19. DATE 8/28/2014			PROCESSED BY
TRANSCRIPT TO BE PREPARED BY			PHONE NUMBER
			COURT ADDRESS
ORDER RECEIVED	DATE	BY	
DEPOSIT PAID			DEPOSIT PAID
TRANSCRIPT ORDERED			TOTAL CHARGES
TRANSCRIPT RECEIVED			0.00
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			LESS DEPOSIT
			0.00
PARTY RECEIVED TRANSCRIPT			TOTAL REFUNDED
			0.00
			TOTAL DUE
			0.00

DISTRIBUTION: COURT COPY TRANSCRIPTION COPY ORDER RECEIPT ORDER COPY